



DEPARTMENT OF COMMERCE  
REPAYMENT AGREEMENT

EMPLOYEE \_\_\_\_\_ SSN \_\_\_\_\_  
POSITION \_\_\_\_\_ GRADE \_\_\_\_\_  
DUTY STATION \_\_\_\_\_  
TYPE OF  
APPOINTMENT \_\_\_\_\_  
EMPLOYMENT TERM \_\_\_\_\_ OPERATING  
UNIT \_\_\_\_\_ (IF TEMPORARY)

In return for an advance of pay in the amount specified below, I agree to accept repayment conditions as follows:

1. I understand that this advance shall be recovered by Department of Commerce procedures for payroll deduction.
2. I understand that the total amount of this advance of pay is \$ \_\_\_\_\_ and that the Department of Commerce shall deduct \$ \_\_\_\_\_ for each pay check in a period no longer than \_\_\_\_\_ pay periods beginning on \_\_\_\_\_.
3. I understand that I may prepay all or part of the balance of this advance of pay to the Department of Commerce at any time before repayment is due.
4. I understand that if I transfer to another agency or if my employment with the Department of Commerce is terminated for any reason, the unpaid balance of this advance of pay is due to the Department of Commerce and must be paid in lump sum.
5. I understand that if I transfer to another agency and do not repay the Department of Commerce in lump sum before my last official day of duty, the unpaid balance of this advance of pay will be recovered by salary offset.
6. I understand that if my employment with the Department of Commerce is terminated for any reason and I have not repaid any remainder of this advance in lump sum, the balance will be recovered from my final salary and/or lump sum leave payment.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

A copy of this agreement must be sent to the servicing human resources management office for inclusion in the Official Personnel Folder.